BIBLIOGRAPHICAL NOTICES.

Art. XVII.—*Transactions of State Medical Societies.*

1. *Transactions of the Medical Society of the State of New York, transmitted to the Legislature, Feb.* 9, 1857. 8vo. pp. 292.
2. *Proceedings of the Sixty-Fourth Annual Convention of the Connecticut Medical Society, May,* 1857. 8vo. pp. 71.
3. *Transactions of the Eighth Annual Meeting of the Medical Society of the State of North Carolina. Held at Edenton, N. C., April,* 1857. Wilmington, N. C., 1857, pp. 90, 8vo.
4. *Transactions of the Medical Society of the State of Pennsylvania at its Annual Session, held in West Chester, Chester Co., May,* 1857. 8vo. pp. 218.

1. The several addresses, biographical sketches, and professional papers, embraced in the *Transactions* of the New York State Medical Society, at its session of February, 1857, are of a highly interesting character. Nearly all of the latter are replete with instruction, presenting the results of direct personal observation, or hints eminently suggestive on subjects of deep importance to the medical practitioner.

The semi-annual address, delivered before the State Society by Dr. Alden March, presents a rapid sketch of the progress, in this country, of agriculture, commerce, the arts and sciences generally, during the last fifty years, in comparison with the advancement, during the same period, of every department of medicine, whether considered as a science or an art.

The semi-annual address before the Medical Society of the County of Albany, by Dr. Sylvester D. Millard, is devoted to a brief historical sketch of the Society, with notices of some of those who have been its prominent and most efficient members during the last half century, but have passed from time to eternity.

Both of these addresses are filled with matter that cannot fail to interest and instruct all who feel a pride in the onward march of our profession, and its increased facilities for the accomplishment of its mission of benevolence, or are curious to learn something of the characters and career of those who, in times gone by, constituted the leading members of the profession in one of the most ancient cities of our Union.

To these addresses succeed biographical sketches of Drs. Moses Hale, John McClellan, and Henry Mitchell, deceased members of the New York State Medical Society.

The first of the strictly professional papers is on cholera infantum, diarrhœa, and entero-colitis—their relation to each other, and their treatment—by Dr. Edward Parker of New York City.

Dr. Parker examines each of the three following propositions, being those generally received by the profession, or, at least, generally laid down as proved by our systematic writers on the subject:—

"1st. Cholera infantum is a disease peculiar to this country, though not entirely unknown in Europe.

"2d. Cholera infantum is almost entirely confined to large cities, and is rarely seen in the country.

"3d. The symptoms, course, and pathology of the disease, entitle it to a separate place in our nosological tables.

"4th. The treatment is to be distinct from that of diarrhœa, on the one hand, and of dysentery on the other.

"5th. Perhaps the most alarming symptoms are those of hydrocephalus, occurring in the advanced stages."

The correctness of all the foregoing propositions is denied by Dr. P. He adduces the descriptions given by Dr. West, of London, of inflammatory diarrhœa, and by Dr. Bouchut, of Paris, of infantile entero-colitis, which, in all their essential features, will certainly represent, very accurately, a well marked case of cholera infantum. There can be no doubt that a disease identical with that known among us as cholera infantum, does prevail, to some extent, in different portions of Europe. It is nevertheless true, that infantine cholera is the especial endemic, during the hot season, of the larger cities of our Middle, Southern, and Eastern States, and that nowhere else does it prevail to the same extent, and is productive of an equal amount of mortality.

That cholera infantum is in a great measure confined to our larger cities, and to the most unhealthy, confined, and overcrowded localities within these, is a fact so clearly demonstrated by a series of reliable mortuary statistics, that we were somewhat surprised to find it so pointedly denied by Dr. P. The evidence he has adduced to sustain his denial, is particularly loose and inconclusive. No dependence is to be placed upon the census returns quoted by him, as, in the year to which they belong, instead of only 260 deaths occurring in the entire State of Pennsylvania, the reports of the Board of Health show a total of 505 for Philadelphia alone. But we do not deny that the disease may occur out of cities. Wherever children, about the period of their first dentition, are exposed to an intense heat, and, at the same time, to an impure, damp, and stagnant atmosphere, and are badly fed, and lodged at night in crowded, filthy, and ill-ventilated apartments, whether in or out of the city, they will be liable to an attack of cholera infantum; but as this concurrence of morbific agents is more commonly met with in the narrow courts and alleys, and the badly constructed and overpopulated dwellings of the poor, in large cities, it is there that the disease prevails every summer, and is productive of the greatest mortality.

We have no disposition to deny the correctness of Dr. P.'s conclusions in regard to the third proposition as stated above. Cholera infantum is unquestionably only an aggravated form of infantile diarrhœa; it is admitted, on all hands, to be, in its second stage at least, essentially an entero-colitis, produced by the particular morbific influences already referred to. This is proved beyond the possibility of doubt by the pathological researches of Dr. Edward Hallowell, of this city. (See this Journal for July, 1847, p. 40, et seq.)

Although, in its first stage, cholera infantum consists simply in an increased and somewhat altered secretion from the mucous follicles of the intestines, yet as this is very speedily succeeded by more or less extensive inflammation, we agree entirely with Dr. P. that the general indications for the treatment of the disease are the same as in diarrhœa and entero-colitis; recollecting, however, that as the main agents in the production of cholera infantum are intense and continued solar heat, a damp, confined, and vitiated atmosphere, and improper food, regular and continued exposure of the patient to cool, dry, fresh air, and a well regulated, wholesome diet, are of primary importance to insure a speedy cure: with these, and daily bathing in warm water, a very simple course of positive medication will be demanded; without these hygienic measures, all other remedies, however well selected or assiduously administered, will fail to produce any permanent good.

There can be no doubt that, in very many cases of cholera infantum, the cerebral symptoms which are attendant upon the advanced stages of protracted cases, are the result of exhaustion and anæmia, and not of meningeal inflammation. We have, nevertheless, had occasion, in numerous instances, to observe, at a somewhat early period of the attack, all the symptoms of acute meningitis to present themselves, and terminate promptly in effusion. That in these cases, the cerebral symptoms were the result of meningeal inflammation, was shown by repeated examinations after death.

A very sensible and opportune paper on "Improvements of the Public Health, and the Establishment of a Sanitary Police in the City of New York," is from the able pen of Dr. John H. Griscom.

Public hygiene, though calculated, when systematically and rigidly enforced, to promote the health, comfort, and pecuniary interests of every community—to eradicate most, if not all, endemic diseases that prevail in their midst, and to protect, to a very great extent, against the incursion of even the most fatal and dreaded epidemics, or, when these make their appearance, to disarm them of much of their malignancy, and reduce the number of their victims—is scarcely recognized as a legitimate subject for legislative or executive action.

"The great and serious fact," very pertinently remarks Dr. G., "seems scarcely yet to have penetrated very deeply into the spirit of government and legislation, that there is *such a thing as sanitary science;* that the object of this science is the ascertainment of the laws of health and disease, and of the circumstances which promote and control them; that though comparatively in its infancy, and demanding for its advancement all the time and talent we can bring to bear upon it, it is still so far understood as to enable us to make a practical application of its principles to the prevention of disease, and the preservation and prolongation of life; and here let me say, that it is not in the light of epidemics alone that this science is properly received; in the truthful language of a contemporary writer, the public are too apt to 'lose sight of the less violent, slower, but no less certain causes of sickness and death with which they are continually surrounded. Death reaps a yearly harvest to the grave, and when it exceeds not the usual number it is not heeded, and the inquiry is not made whether a part of his trophies might not have been snatched from him.'[1] While it is the direct purpose of sanitary science, and the legislation which should flow from it, to reduce the draughts of death by preventing epidemics not only, but all the minor disorders also by which he gathers us in.

"Sanitary science, while directly allied to, and forming a part of the great science of medicine, is in a measure distinguished from it in its peculiar relations to mankind, and in the application of its laws for their relief. Both require a thorough knowledge of physiology, or the laws of life; of practical chemistry; of the symptoms, causes, and treatment of disease, and of pathology, or the laws of morbid action. But for the sanitarian physician, superinduced upon these, there is especially requisite a knowledge of *forensic medicine*, or the relations of the science of medicine to law; of meteorology, or the effects of climate and atmospheric influences on the body; of the physical character or dynamics of the atmosphere; of the philosophy and practice of ventilation; of various matters of a mechanical kind bearing on sewerage, house building, street cleaning, and water supply; of statistics of life and mortality; of the literature of epidemics, and of all sanitary improvements. And, lastly, to be a good sanitarian, requires the possession of sound logical faculties; the capability of dealing with facts and opinions without mistaking coincidences for causes, or building up great theories on insufficient data, or from great facts deducing absurd conclusions. Thus it will be seen that one may be a good practising physician without being a sanitarian, but no one can be a good sanitarian without being a good physician; the requisites for one underlie those for the other, as a foundation."

"The very first duty which should be required of an officer of health is, *vigilance in the discovery of the actual existence of disease.* He must be a detective policeman, and must therefore be familiar with the appearance of disease of every kind; as upon his diagnosis may depend the loss or salvation of many lives, and large amounts of property. Who but a well educated physician, therefore, is competent for this *first* of all sanitary duties?

"Presupposing this qualification, let us glance further at his duties; they may be stated as follows: to ascertain and make reports as to the sources of disease, or the circumstances which promote their diffusion among the population; to define the districts in which they spread; to ascertain the character of the streets and houses in such districts; to describe the nature and extent of the internal accommodations of the dwellings of the labouring classes, how much they may be overcrowded, and of their means of securing cleanliness, removing filth, promoting ventilation, and providing warmth with economy; to discriminate between the direct influence upon their sanitary condition of the habits of the poorer classes and the external circumstances by which they are surrounded, while avoiding the error of supposing those habits to be independent of other domestic arrangements; to ascertain whether any and what injurious consequences are clearly attributable to certain manufactures; to the location of slaughter-houses, tanneries, burying-grounds, &c., amidst dense populations; to distinguish the extent of disease caused by removable agencies; by malaria from defective drainage, by bad construction of dwellings; and by destitution of the means of subsistence; to ascertain from personal observation the condition of the soil, its geological nature, and power of absorbing and retaining moisture; the extent of the supply of water for public purposes and domestic uses; and the quality and extent of the sewerage; to advise and recommend measures for purification and improvements in all these matters; to ascertain the existence of *particular* diseases which increase the ordinary rate of mortality, as well as keep thoroughly informed as to the general and relative mortality of the district; in a word, to have a perfect knowledge of the sanitary state of the inhabitants, and to keep a watchful eye upon all its changes, so that a perfect system being introduced, the routine of daily labour and daily cleansing should prevent any accumulation of noxious substances, and render unnecessary any cleansing works of magnitude to meet extraordinary visitations of disease. Connected with which duties would be the inspection of all public buildings, churches, poor-houses, hospitals, asylums, lodging-houses, tenant-houses, so called public and private schools, and charitable institutions; the pointing out of means of insuring adequate supplies of pure air, and of exit for that which is vitiated; and the keeping of records of meteorological changes, and studying their relation to the appearance and progress of disease.

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[1] Newman, Report on Sanitary Police.

"To sum up the whole, of which the above is but a partial enumeration, an officer of health should be duly qualified and required to act as the efficient medium by which all the circumstances which affect the health of man—and their name is legion—may be duly considered and weighed; to classify and arrange them, that they may be brought under simple heads, and consequently be more easily remedied either by voluntary efforts or legislative enactments, so that all classes, both rich and poor, may be relieved from the cruel alternative of being compelled to submit to deleterious and destructive influences or of being turned out of their dwellings, which, though unwholesome, are still their *homes.* We need scarcely add, that the sanitary department of every city should be empowered by law to enforce all measures calculated to promote these important results.

"There are yet two other points in which the services of properly qualified and authorized sanitary officers might be of invaluable benefit to the people, especially the poor; who we now know suffer immeasurably in purse and health, and are without remedy. These are the detection and exposure of *adulterations* and impurities of *food and medicine.* The extent to which these fraudulent operations are carried is scarcely credible, and cannot be understood except by the initiated."

"Having fixed in our minds this theoretical view of what should be accomplished with a corps of properly qualified functionaries, let us next see the materials for such a force; whether it is possible to find men of the required capacity and intelligence, and whether their services are obtainable, a brief statement of facts confined to the city of New York, but applicable elsewhere, will satisfy both inquiries.

"Besides the existing department, which is *supposed* to have a supervision over sanitary matters, we have another institution devoted to the same general object, viz: the protection of the health of the people, in the service of which, supported partly by public and partly by private bounty, are employed in its out-door duties a staff of some fifteen active and intelligent medical men. The institution here referred to is the *dispensary* system of administering medical aid to the indigent. The five dispensaries cover nearly the whole city. The amount of good work performed by the physicians of these institutions cannot be expressed in figures, but some idea of it may be obtained from the fact that they administer professional relief annually, at their dwellings, to about 22,500 persons, making in one year, at the lowest estimate, 67,500 domiciliary visits to these destitute people, living as they almost invariably do in cellars, attics, courts, alleys, and crowded tenements, in the most degraded and filthy portions of the city." "Here, then, we have a body of men not only continually cognizant of the diseases which threaten the people's lives, and in contention with those diseases to preserve those lives, but more important still they have a personal knowledge of their sources, and are personally and deeply interested in their abatement. Their duties call them to the very localities in which pestilential diseases first make their appearance; they are the first to recognize their existence, it is their duty to combat them; and theirs should be also the power to exert all the force which science and law can furnish to check the evils in the bud.

"Thus is the question answered whether there can be found men capable and willing to act the part demanded of a model sanitary officer. For half a century just such a body of men has been quietly and unostentatiously performing this great work of humanity, and all the valuable aid which the city might have derived from them, in addition, as public officers of health, has been overlooked and despised. There cannot be a question that, had the two systems of preventive sanitary police, and dispensary medical aid been united in one, under an energetic administration, during the period of their mutual existence, the expenses of both would have been many, many times saved, together with innumerable lives. But, instead of this, while the dispensaries, which are private institutions, though performing a most important public function, have advanced in usefulness and dignity with rapid strides, the public health department has degenerated almost as rapidly as the other has risen, until at last it has become a by-word and reproach among all classes of citizens. Of the causes of this we need say no more, in addition to what has already been hinted, than that it is due in great measure to the absurd practice of mingling science and humanity with politics; as rational would it be to choose our dispensary and hospital physicians by general election from among the mercantile and mechanic classes, as to select our public guardians of health from those sources, and in such a manner as is now done."

On the types of fever, by Dr. George Burr, of Binghampton, is the title of the next paper.

Dr. Burr defines the term *type* as applied to fever, to signify a peculiar form or character of the disease which distinguishes it from other varieties of fever, and which, when correctly determined, gives us a more correct and definite idea of the nature of each particular case that comes under observation. Every form of fever possesses certain symptoms common to all, which have been received as the especial febrile symptoms; now these symptoms may be so grouped, or exhibit such peculiarities either in violence, duration, regularity, location, &c., as to indicate unmistakably a radical difference in the nature and efficient cause, in the various forms of fever which are, from time to time, to be observed. These several groupings or classifications of febrile manifestations enable us to distinguish one form of fever from another, or in other words determine its type.

With this very loose and unsatisfactory definition of type, Dr. B. proceeds to consider the malarial or intermittent type of fever, including bilious remittent, congestive, and pernicious fevers, and the yellow fever, which he considers a distinct type. The continued type of fever he reserves for a future communication.

The remarks of Dr. B. on the symptomatology, pathology and causes of malarial fever, and his concise notice of yellow fever, are in the main correct and pertinent; we find in them nothing, however, particularly novel or striking.

It is a general opinion among American physicians that periodical fever is less prevalent of late years in what have been considered as well-marked malarial regions, and that fever of a typhoid character now predominates in many of those districts of country of which intermittents and remittents were formerly the especial endemic. From this opinion Dr. B. dissents. He believes that the fever now recognized as typhoid by many of our physicians, is in its type essentially malarial, and for the following reasons:—

"1st. It prevails in the latter part of the summer and during the autumnal months more generally—sometimes in the spring, corresponding to what are termed vernal intermittents. It is often accompanied by dysenteric symptoms, and in that form sometimes resembles an epidemic.

"2d. Bilious symptoms predominate. The tongue is usually coated heavily, there is more or less nausea, and the stomach often loaded with vitiated bile, and the invasion of the disease is marked by rigors, followed by febrile reaction, with, in most instances, distinct remissions, during which the skin is bathed in perspiration; at other times the fever seems more continuous, and the period of remission hardly perceptible. This is more particularly the case where the force of the attack is directed against some particular organ, as the brain, lungs, or gastro-enteric membrane, &c.

"3d. These cases are best treated by the early administration of quinine, given during a remission of the febrile symptoms. My own observation, and the experience of others in a somewhat extended acquaintance, justify me in making this point. When given at the proper stage, the whole febrile movement becomes modified, and in due time disappears, without that prolonged condition which some have called the typhoid stage of the disease.

"It is not intended to deny the existence among us of that form of continued fever denominated, by Louis, typhoid fever. It is, I believe, however, very rare, and is to be met with under very different circumstances from those which accompany the form of fever we have been regarding."

A case of death by syncope, from plugging of the pulmonary artery, reported by Dr. O. M. Allaben, is in many points of view a highly interesting one. It will be noticed in another department of this No.

Dr. W. S. Norton, of Fort Edward, relates a case of gangrenous erysipelas, involving the whole of the right hand and arm to the elbow-joint. It occurred in a young lady, twenty-two years of age, and was treated by free longitudinal incisions through the gangrenous parts; the subsequent application of a strong "terebinthinated tincture of cantharides," over the entire arm, followed by poultices, thirty grains of calomel, with five of opium internally, and the free use of brandy punch.

Under this treatment, the case progressed favourably, and at the end of one month from the commencement of the attack, the patient was entirely well, with the exception of an inability to flex and extend freely the fingers of the right hand.

The treatment pursued in this case was, under the circumstances, judicious; we do not consider it of so novel a character as Dr. N. would seem to infer.

A case is detailed by Dr. Nelson Winton, of Havana, in which an ovarian tumour was successfully removed by extensive abdominal section, with recovery of the patient.

A case of medullary sarcoma in the knee-joint, in a girl twelve years of age, in which amputation of the limb was resorted to, is related by U. Potter. It presents no points of especial interest.

To these cases succeeds a paper by Dr. D. P. Bissell, presenting some general remarks on the importance of the adoption of effectual means for the extension of full, efficient vaccination to the entire community, as the only sure protection against smallpox; and on the necessity of securing to physicians a constant supply of pure, reliable vaccine matter. The remarks of Dr. B. under both heads, are sound and pertinent.

He suggests that depots of vaccine virus should be established and maintained in some one or more of our principal cities, where physicians may at all times obtain a supply.

Dr. C. V. Barnett reports a case of supra-malleolar amputation in a case of gangrene of both feet from the effects of frost, and appends the following remarks on the relative value of amputation at this spot:—

"To comprehend its full value when compared with amputations at the usual place of election, we have only to take into consideration that the limb is divided at a point where the lower end of both bones has attained its largest size, and where every muscle of the leg has become tendinous, and above all, every tendon takes a ready and firm attachment to the end of the bones. From this it necessarily follows, that in the application of an artificial limb, you have the whole weight of the body supported by the attachments of these tendons, instead of the small pointed ends of the bones continually jamming into a tender mass of flesh, as in case of amputation in the fleshy portions of the leg."

The following case of hemorrhage from the urethra, is related by Dr. N. C. Husted:—

"Mr. C., aged 42, of medium height, healthy, and robust, of a nervo-sanguineous temperament; never has had any urethral difficulty. Whilst having an intercourse, he was seized with severe pain about midway in the penis, as he described it; he arose, and found the blood flowing in a full stream from his penis. He laid down again, supposing the hemorrhage would cease, but it did not. He became faint, and sent for me. I prescribed cold to the penis and perineum, and, internally, tinct. ferri muriat., in doses of ten drops every hour, until the hemorrhage ceased. It subsided soon, and in a week he was able to go to his work. Nothing of the kind has occurred to him since.

"I find but one case of the kind recorded, which is very similar in every respect; it is reported in the *American Journal of Med. Sciences* for Oct. 1850."

The scientific contents of the volume before us, conclude with the history of an interesting case of chronic tubercular splenitis, resulting in abscess, or entire disorganization of the parenchyma of the gland, communicated by Dr. G. J. Fisher, of Sing Sing. On examination after death, there were discovered hypertrophy and dilatation of the heart; miliary tubercles throughout nearly every portion of the lungs; enlargement and induration of the liver; its substance beset with tubercles from a microscopic size to that of a small pea.

"The spleen was carefully separated from its surrounding attachments, which were old and strong, apparently the result of adhesive peritoneal inflammation; its bulk was about four times the natural size, it was of an oval shape, and, when removed, was discovered to be distinctly fluctuating. On laying it open by a free incision, it was found to consist of a mere sac, the walls of which did not exceed an inch in thickness, though not entirely uniform throughout. This sac contained a liquid or semi-fluid disorganized mass, which appeared to consist of pus, and the broken down or disorganized parenchyma of the spleen; from the centre to the surface of the organ, every stage of the process of disorganization was to be seen from pus to the slightly changed substance of the gland. The remaining organs of the abdomen presented no marked pathological changes, except the deposit of tubercular matter in the layers of the mesentery, and the enlargement of many of its glands."

2. The several addresses, dissertations, and reports, embraced in the proceedings of the annual convention of the Connecticut Medical Society, held May, 1857, are replete with sound principles, noble sentiments, and useful observations, many of them of deep interest to the members of the profession associated with the Connecticut Society, but not of that general character which would press them strongly upon the attention of those beyond its circle.

The annual address by the President, Dr. B. H. Colton, presents a hasty sketch of the history of the Connecticut Medical Society, suggestions for the increase of its efficiency, and for the enlargement of its sphere of usefulness, with an occasional remark on the practice of medicine throughout the State.

In a well written and manly expressed dissertation, by Dr. Benjamin F. Dean, is presented, in brief outline, the history, present position, and prospective attainments of the medical profession.

A dissertation by P. M. Hastings is occupied mainly with very excellent and pertinent remarks on the value of the microscope in our investigation of the structure and functions of the animal organism, and as a means of diagnosis in disease.

From the sanitary report from Hartford by Dr. Gordon W. Russell, we quote the following, which is a portion of the reporter's able remarks on the subject of vaccination generally.

"The propriety of using the scab or crust for vaccination, instead of the lymph taken about the sixth or seventh day, may well be doubted; not but that a good crust, consisting of hardened lymph, will equally communicate the disease, but the difficulties and uncertainty of obtaining a crust consisting of lymph alone, becomes an objection. Frequently the vesicle is broken and the lymph nearly discharged, or, in consequence of inflammation, the crust consists in part of dried purulent, or semi-purulent matter which may produce a sore, but not always a vaccine vesicle, and which, if not carefully examined on the fifth day, may be thought to be a genuine one. And here I may be allowed to suggest the propriety of testing all cases of primary vaccination; this would afford a sure and perfect guarantee of the protection given by the first. It is attended, I admit, with some trouble, but if the fee is not already remunerative, it should be made so."

"That revaccination is a necessary operation, protecting the system already wholly or partially exposed to variolous infection, is, I believe, generally admitted, though still denied by some physicians. I confess I have rarely seen a perfect vesicle in a secondary vaccination, when there was already a well-defined, punctated scar from the first. I have occasionally seen near approaches to it, varying, however, in the constitutional symptoms, in the appearance of the areola, and of the attendant inflammation; some of the profession, I know, are reported to have seen it frequently, but I have not been so unfortunate, the nearest approach to it that I have seen this season, was in a lady of at least sixty years of age, who had been inoculated with variolous matter in Scotland when a child.

"Of course, the crust that is formed during these revaccinations, should never be used for the purpose of producing the vaccine disease. It might occasionally answer for the purpose, and of course it would do so whenever it is the product of a genuine vesicle, but these instances are so rare that it is safe to lay it down as a rule that it should never be used.

"I am satisfied that variola is upon the increase, and for years to come will continue to increase, until public necessity shall compel a resort to careful, general, and repeated vaccination. The time may not yet have arrived, when by public authority every child shall be vaccinated before it is three months of age, but when this foul disease shall have become more common, every one perceiving the increase of it, then may we expect such a consummation, and that the law will not be a dead letter."

"There is an interesting portion of this subject, itself alone sufficient for a lengthy dissertation, viz., *upon the communicability of disease by vaccination;* this demands careful and thorough investigation, both to satisfy ourselves, and quiet the public feeling, which is strongly inclined to believe in its truth. Without denying the possibility of it, I am still somewhat skeptical as to its frequent occurrence; though cutaneous disease may occur after its performance, and be the indirect result of it, as vaccination often develops any tendency to disease of the skin, which may be present in the system. I can now recall but one instance in which I have witnessed any cutaneous eruption to follow vaccination this season; this was eczematous in its character, and appeared about the tenth or twelfth day of the operation, behind the ears and upon the lower part of the scalp. The child was teething at the time, which was enough, in my opinion, to account for it; and that it was owing to this, and not to the vaccine infection, was shown by the same matter being used in quite a number of instances, before and afterwards, without any such result being produced. If physicians would make a careful record of all such cases that come under their notice, a mass of information would be obtained, which would enable us to dispel many of the illusions of the public.

"The popular notion that vaccination should be repeated at every certain and defined period of one's life, is altogether wrong; there can, with reason, be no such course marked out; but if the operation was done during infancy, it is proper that it should be tested after the subject has grown up. If anything further than this is done, it must be as much to satisfy the wishes and quiet the fears of the timid, as to comply with any rule indicated by reason or experience."

Besides the papers noticed above, the volume before us contains biographical sketches of Dr. Eli Hall, of East Hartford, and Dr. Sylvester Bulkley, of Rocky Hill. The first of these gentlemen died June 8, 1856, in the 71st year of his age, and the second, February 1, 1856, in the 69th year of his age.

3. The *Transactions* of the Medical Society of the State of North Carolina, at its session of April, 1857, contain many interesting papers.

The first of these is a report on Stomatitis materna, by Dr. Wm. H. McKee, of Wake County.

The disease, Dr. McKee states, has appeared in sporadic cases, in his vicinity, for several years past. Its first symptoms, as observed during the latter period of pregnancy, are an inflamed and extremely sensitive state of the mouth and tongue, rendering salt food and acids intolerable. There is, at the same time, loss of taste, impaired appetite, thirst, with insomnia, or disturbed dreams. In a few days, isolated patches of ash-coloured sores appear on the lips, cheek, and tongue, with a free discharge of saliva. Under proper treatment, all these symptoms soon disappear, but, in most cases, return after parturition; generally towards the end of the second or between that and the close of the fifth week. The soreness of the mouth and tongue is now of a more aggravated grade. The sores are petechial, and soon become confluent, the tongue fissured and swollen, with increased salivation. The patient cannot take sufficient nourishment, the secretion of milk is imperfect, and suckling is attended with pain and great fatigue. The imperfectly nourished child, becomes fretful and restless, and deprives the mother of comfort and sleep. Fever soon sets in.

Dr. McKee remarks that, in every bad case he has met with, there was flooding subsequent to delivery, and a too free discharge of the lochia.

The child, we are told, should now be weaned, and every effort made to improve the condition of the digestive organs of the mother.

After the healing of the ulcers, the mouth and tongue have a glazed and polished surface, and become less sensitive to articles of food. The patient craves the coarsest diet which alone seems to satisfy her appetite. This, after from twelve to sixteen hours, is thrown up either inodorous or decidedly acid. As the disease subsides in the mouth, the stomach and bowels become affected, and there is vomiting, with occasional purging, pain of abdomen, restless nights, emaciation, colliquative sweats; the skin being pale, as it were bloodless, of a pearly whiteness, drawn tightly over the bones, and appearing as if polished; in other cases it has a dark, dry, shrivelled appearance. The abdominal symptoms being partially relieved, the disease shows itself at the verge of the rectum and soon spreads to the vagina, urethra, and womb. The sphincter ani becomes fissured, and a crop of ash-coloured sores surrounded the anus. Defecation is intensely painful, the feces hard and coated with blood and mucus. So severe is the suffering now, that patients have declared they would much rather give birth to a child, than endure a passage by stool. Leucorrhœa of an acrid character attends, and adds to the complication of the disease and the sufferings of the patient. The mouth and fauces become now anew the seat of disease, which extends to the frontal sinuses and facial antri, and, finally, to the lungs, inducing cough, expectoration, pain, night-sweats, and finally dropsical infiltration, succeeded by death.

In regard to treatment. The infant should be weaned if possible. A blue pill followed by a mixture of calcined magnesia and Hoffmann's anodyne, of each one drachm, suspended in sugar and water, will afford great relief. As a local application to the mouth, creasote is one of the best; it may also be given internally with good effect. We may also employ a solution of chloride of soda, decoction of smart weed, sage and alum with honey, olive oil and honey, etc. The internal use of iron is our best remedy; by combining it with iodide of potassium its virtues are much enhanced. The tincture of chloride of iron is a favourite remedy, but the preparation that Dr. McKee has found the best, is the tartrate of iron and potassa, in combination with the iodide of potassium; two drachms of each to eight ounces of Madeira wine and the same quantity of water, taken in the dose of a dessert-spoonful, three times a day—with the free use of morphia at night to control pain and procure sleep; purging with magnesia and an anodyne when required. For the vomiting—the tinct. nux vomica, twenty drops for a dose, in cold water, was generally successful. The patient should take the air whenever able to do so. When there is emaciation, the cod-liver oil may be given with porter, brandy, or whiskey, when the stomach can take it. When the rectum is the seat of disease, anodyne injections are indispensable. For the leucorrhœa, the solution of acetate of zinc, four grains to an ounce of water, by injection, having first used warm water and castile soap, will arrest promptly the discharge.

Stomatitis materna has been supposed by some to be caused by a defibrination of the blood from the use of water impregnated with an excess of lime. Dr. McKee remarks, however, that the section of country in which his cases occurred was a high and healthy granite ridge, affording freestone water of an excellent quality. Besides, a good many cases occurred in the rural districts, where the purest air and water exist.

A valuable report is presented by Dr. H. Kelly, on the diseases most prevalent in Iredell County, from May, 1856, to May, 1857.

The report of Dr. J. J. Summerell, on the diseases of Rowan County, contains three very interesting cases; one of fracture of the skull, with injury of the brain. The patient recovered perfectly at the end of three months from the receipt of the injury. A second, of compression, from extravasated blood, of the brain, without fracture of the skull, the result of a fall. The skull was trephined, the extravasated blood removed, and the patient ultimately recovered entirely. The third case we give entire; it is one of delirium tremens following an attack of pneumonia.

In the report of Dr. N. J. Pittman, on the diseases of Edgecomb County, we find some instructive remarks on epidemic dysentery and its treatment, and several instructive surgical cases.

The most extended and elaborate report in these *Transactions* is that of Dr. Otis F. Manson, on malarial pneumonia.

The reporter examines very minutely the general course and progress of pneumonia, as it usually occurs in malarious districts, its physical signs, and the physical changes that occur in the disease; the diagnosis between it and the other forms of pneumonia; its cause and nature, and the treatment best adapted to conduct it to a favourable termination.

The report is one we should like to dwell upon at some length. The author has emitted opinions which are eminently suggestive, to say the least of them, and certainly deserving of a close and candid examination. The correctness of some of his conclusions may admit of question, still as a very masterly history of pneumonia, in the form under which it usually presents itself in those whose systems are labouring under the influence of malarial poison, it forms certainly a valuable contribution to pathology. We can spare space only for the following extracts, from which a tolerably correct idea will be obtained of the general views of Dr. Manson in relation to the true character of what he terms, with, we think, some degree of looseness, malarial pneumonia:—

"The doctrine that this form of pneumonia owes its existence to malarial influence has long been entertained and acted on; but, on the other hand, has been as strenuously contested, both in regard to its correctness and legitimate consequences. The subject is one of great interest and of the highest importance, involving unquestionably the lives of the inhabitants of many sections of our own and other countries. The reader who has had frequent opportunities of observing remittent fever at the bedside, or those who have not, who have known the writer, by a perusal of his imperfect descriptions of that disease, cannot fail to perceive the close resemblance between the phenomena presented by that affection and the disease under consideration. Indeed, the similitude is almost perfect, with the addition of the signs and symptoms of the thoracic lesion. It will be observed, therefore, that the evidences of organic implication are by no means confined to the organs of respiration, that symptoms of gastro-intestinal disorder very frequently preceded the lung symptoms, and that both were very often preceded by febrile excitement for hours and even days. We have seen that the patient evidently does not always perish from the pathological changes wrought in the lungs; death more often occurring from the supervention of fierce delirium, not only independent of the lung affection, but subsequent to its abatement or total disappearance. These facts, then, clearly denote the connection between this disease and periodical fever, as they sufficiently prove that its phenomena are not merely symptomatic of lesion of the lungs.

"By some, an explanation of the existence of this disease has been given by attributing it to the combined agency of malaria and atmospheric vicissitudes. This is doubtless often true, but it does not offer a satisfactory solution of the fact that many are often attacked with it who have not been exposed in any appreciable degree to those changes. Indeed, this affection often attacks a number of persons, consecutively, in the same household, with intervals of time elapsing between the occurrence of the cases to permit all conditions of temperature and humidity to appear properly belonging to the season. 'It is probable,' says Laennec, 'that the epidemic peripneumonia is often owing to the deleterious miasms which have entered the system by means of the cutaneous or pulmonary absorbents, since nothing is more common than to meet with cases of this disease to which we can assign no occasional cause.—How many persons are seized with it in their very chambers, and in spite of the utmost care taken of their health.' It is impossible that any observer of ordinary perception can have failed to be often impressed with this reflection. Exposure to atmospheric alternations does not, therefore, offer a complete and satisfactory explanation of the general occurrence of this affection. I propose, with some diffidence, to offer a few simple thoughts on the subject. It is a fact, which will scarcely be questioned, that during the prevalence of any fever, in seasons of low temperature, pulmonary inflammation is prone to occur as a complication. In scarlatina, rubeola, typhoid fever, and other febrile affections, it is very common. There are some causes, therefore, existing and belonging to the season, which either excite or predispose to lesion of the lung parenchyma. In instituting an inquiry into the operation of these causes, it will be necessary to bear in mind that the system has passed through the fervid heat of summer, the balmy temperature of autumn, by transitions more or less variable, to the colder season of the year. Usually the outward man has been prepared for this change, the entire skin surface having been protected from the effects of reduced temperature by clothing of proper quantity and quality. But how is it with the lungs, the only remaining surface, besides its outlet, which is exposed to the direct contact of air? What has been done to protect that extensive, delicate lining of the air-tubes and air-cells?"

"It is evident that this great annual change of temperature cannot take place without some important physiological revolution in the pulmonary circulation; to understand the nature of which, it is only necessary to remember the usual effects of reduced temperature upon vascular tissues in general. The first impression on the lungs must necessarily be succeeded by contraction of their capillary vessels. Happily, however, our organs are endowed with a certain degree of resistance to depressing causes, under the operation of which the vessels again expand and allow the free transmission of their contents. In short, the equilibrium of health is established. This resisting force which thus averts disease, or, in other words, the nervous force—the only power existing in the system, of which we are cognizant—must, however, be continued and maintained, in order that no embarrassment to the circulation may ensue; consequently throughout the colder seasons a greater amount of nerve power must be expended in the lungs to preserve their physiological condition. Again: the effects of the reduced temperature will be in proportion, 1st, to its intensity and duration; and, 2dly, the capability of resistance residing in the system. If we suppose that the system is contaminated by the depressing influence of malarial fever, or debilitated by its latent influence, it necessarily follows that such a person must be in a favourable condition for the development of pulmonary engorgement, from the fact that he is subjected to a temperature requiring a healthy nervous force to resist, which he does not possess. There is plainly, then, a degree on the thermometric scale, equivalent to disease with him, yet compatible with health in others.

"Let us advance one step further. The degree of cold being present beyond the nervous power to resist, or having endured so long as to have for a time exhausted its resources, let us look again at the capillaries of the lung. If the vessels, contracted by the application of cold, do not possess the normal resistance vigour, as we have assumed as an axiom in the malarial diathesis, the same or greater effect is produced than by a more intense degree of cold, acting on a healthy subject. Under ordinary circumstances, however, the nervous centres will be stimulated to react—those cases attended with collapse in the commencement being the exceptions—the reaction, according to a law of the organism, being in proportion to the previous degree of depression. 'An increased afflux of blood to the part consequently ensues, and as the action of cold has indirectly produced the same effect as that produced by a direct irritating cause, it will only be necessary to follow the subsequent steps in the process to the state of active congestion, as detailed by Kaltenbrunner's microscopic experiments.' But there is yet another function which has also to undergo an important modification. The skin, which in the warm seasons had been exalted to excessive activity, gradually falls into a state of comparative repose as the bleaker season arrives. This evidently occurs, however perfectly it may have been protected. This subsidence of function must necessarily be followed by a determination of blood to the internal organs, the retrocession being greater and more easily induced in malarial subjects, for reasons before adduced. We have now an explanation of the modes by which cold and malarial influence may act as exciting and predisposing causes of this affection; but this solution does not wholly apply to those cases occurring in previously healthy subjects, whilst sedulously guarded from atmospheric vicissitudes. These cases are evidently due to the evolution of malaria, the affection of the lungs being produced by the predisposing tendencies of the season.

"Objection has been urged on many grounds to this view of the causation of the disease, the principal one of which is that it prevails in seasons inimical to the existence of miasmata. This is plainly an error. Primary attacks of periodical fever not unfrequently occur during the winter and spring months, especially the latter, which is also the season in which this form of pneumonia is usually prevalent. It is admitted that a form of disease similar to that we have described often prevails as an epidemic. Now, whether it be regarded as merely a complication, a compound, or as a hybrid affection, it cannot be disputed that it rages in those seasons of the year, the temperature of which they assume to be destructive to malarial influence. The inconsistency is obvious.

"The occurrence of periodical fever not only in the spring, but occasionally in the winter months, being easily established, there are conditions necessary to be noticed, closely associated with its nature and phenomena, which, besides the tendencies of the season, assist in producing a sanguineous determination to the lungs. In discussing the subject of remittent fever, I briefly endeavoured to prove its nature from the character of the symptoms existing during life, and to show that there was constant tendency in the vital current to retrocede from the extremities to the trunk, and in grave cases from the whole surface to the internal organs. Of the cause of that morbid afflux I then, as now, avoided discussion. My opinion is that it is produced by an irritation of the nervous centres, of a peculiar character. As a consequence of this irritation and congestion, delirium, difficult locomotion, dyspnœa, independent of pulmonary engorgement, with varying conditions of pulse, and abdominal symptoms, were observed, accordingly as different portions of the cerebro-spinal axis may have been involved.

"To sum up our reflections on the pathology and etiology of this form of pneumonia, we have, to explain its production and phenomena—

"1. The predisposing tendencies of low temperatures to produce an afflux to the lungs, by direct contact with their interior surface.

"2. The same cause, by repression of the cutaneous evacuations, determining to the whole internal organs.

"3. The operation of malarial influence, which not only diminishes the vital resistance to cold, but possesses an evident inherent tendency to produce internal engorgement."

"I have repeatedly stated my impressions in regard to the condition of the lung parenchyma in this affection, as partaking rather of the nature of active congestion than well-developed inflammation. This is proved, in my opinion, by the following circumstances: 1. The sudden occurrence of solidification, as evinced by perfect flatness on percussion, and absence of the respiratory murmur. This sometimes takes place, in grave cases, in a few hours after its onset, involving more than half of the entire lungs, accompanied by a cold skin, flagging pulse, and colliquative diarrhœa, a condition of system totally incompatible with the existence of the inflammatory process. 2. The disappearance of the physical signs is too rapid in many cases to suppose that inflammation, terminating in plastic exudation, had produced this impermeable condition of the lungs. It is true, as we have stated, that there are some evidences of inflammation mingled with the symptoms; and as active congestion is a state closely allied to inflammation, the latter may, and doubtless does, occur; but it is evident that inflammation cannot be the general condition, as it is too expeditiously removed, in many cases of several days' duration, and by inadequate means, to render that view admissible."

The annual address of Dr. S. S. Satchwell is a most able one. His picture of medical science is admirably and truthfully drawn, while his exposition of the causes which have in some measure impeded its progress, and reduced in no slight degree the standing of the medical profession in our midst, are clear, faithful, and impressive. We regret that want of space will not allow us to present some extracts from this excellent address.

4. The present volume of the *Transactions* of the Pennsylvania State Medical Society is, in several respects, less interesting than some of the preceding ones.

The annual address, delivered before the Society, by its President, Dr. R. La Roche, at its session of May, 1857, is among the most able and interesting of the large number of productions of the same class, we have had an opportunity, for several years past, of perusing. It is replete with important truths that cannot be too often brought to the notice of the members of our profession, or too strongly urged upon their attention. Could the public in general be brought to a full recognition of the leading principles adduced and ably enforced by Dr. La Roche, it would be equally to their advantage as to that of the well instructed, skilful, and honourable members of the medical corps; for scarcely less interested is each individual of the State in the elevation of the professional and moral standing of the medical profession, and the accurate definement and proper protection of its legitimate rights, than are its own members; inasmuch as all must necessarily derive from the enlargement of medical science and skill, through the labours of an educated, experienced, and faithful body of physicians, recognized and cherished by enlightened public opinion, increased security from the causes of disease, on the one hand, and on the other, a greater certainty of prompt and entire recovery from its attacks.

Dr. La Roche commences his address by a striking and faithful delineation of the importance to the profession of a complete and efficient organization of its members in each locality, county, and State. He points to the well-recognized fact that from associated action among those engaged in the same pursuits, far greater advantages are to be obtained, and more important results with certainty secured, than can possibly be anticipated from individual efforts, however energetic and multiplied, and whatever may be the professional and social standing of those by whom such efforts are made. The divided action of the largest number of intelligent and well-instructed physicians, spread over the broad surface of the State, can never accomplish the same amount of permanent good to the profession generally, as is certainly to be obtained when they act in concert and for one common object. The isolated actors lack "the vivifying influence of emulation, the stimulus to exertion springing from the co-operation or collective action of many minds equally interested in the attainment of a desired end; they miss the opportunities of improvement flowing naturally from the interchange of thought, and personal intercourse with such of their brethren as enjoy ampler means of acquiring a full knowledge on all, or some special branches of medical science, not less than on the condition and wants of the profession, or who, from their fields of observation being more or less remote from each other, are enabled to see facts under the diversified aspects they are too apt to present." In a word, they eventually fail in securing that amount of good at which they aim, by endeavouring to work it out alone, and for themselves, irrespective of the common interests of all who are engaged in the same pursuits.

From medical organization "other benefits than those having reference to the general bearing and conduct of medical men living within the sphere of their jurisdiction are looked for. As already pointed out, such associations tend in various ways to elevate the character, honour, and dignity of the medical profession. It is not enough, in order to attain this desired object, that laws and regulations for the proper guidance of their respective members should be enacted and enforced through means of the connected action of properly constituted bodies. It is not enough that, by such bodies, all irregularities occurring in the professional and social bearing and conduct of such members should be corrected, and the repetition of them prevented, and that the requisite means to remedy the evil accruing therefrom should be indicated. A certain degree of influence, both direct and indirect, must be brought to bear on those members individually, with a view to stimulate their zeal and energies to the vigorous pursuit of inquiries of an intellectual character. They must be roused from the state of mental inertia in which, generally speaking, men are apt to fall, when deprived of external stimulus. They must be saved from that condition of stagnation which, 'in the moral, as in the physical world, generates corruption.' Again, they must be made sensible of the importance of collecting and arranging systematically, useful facts of a pathological, etiological, and therapeutical kind, and of communicating these, and the deductions drawn from them, through some channel or other, to the medical community at large."

Dr. La Roche urges with great force the necessity of a complete classical and scientific and professional education in all who would enter upon the high and responsible duties of a physician; and of continued, uninterrupted study subsequent to their entrance, to render them familiar with the vast store of facts and principles contributed by those who, in times past, have investigated with success the several branches of medical science, or which are now being contributed as important additions to the common stock of professional knowledge.

"What are called plain and simple practitioners—men who contemptuously look down on the industrious student, and place him in the same category with sheer bibliomaniacs; who ignore book-learning, and stigmatize as useless theorists, all physicians disposed to attach importance to an inquiry into the causation, nature, and relationship of pathological facts; who affect to rely exclusively upon bedside experience, or what they characterize as simple observation; who care little for the results of the experience of their predecessors or contemporaries; smiling at the idea of the necessity of comparing the phenomena they observe, and the therapeutic results they obtain with those that fall under the cognizance of their fellow practitioners, and greatly doubting the utility of pathological anatomy and other kindred branches of medical knowledge; such physicians, I say, are not, as a rule, the instruments employed by Providence to promote the progress of medical science, elevate the character and secure the dignity of the profession.

"They may succeed, and have, doubtless, often succeeded, here and elsewhere, in becoming safe practitioners. They may learn to manage in a satisfactory manner certain classes of stereotype cases of morbid derangements, which they daily encounter. They may in that way succeed, ultimately, in becoming useful to those who honour them with their confidence, and also, not a little to their private interest—eliciting the applause, and commanding even the admiration of a large portion of the community, who, in total ignorance of the true requirements of a physician, sing the praise of simple and unsophisticated experience, and deny the necessity of theory, which they stupidly confound with hypothesis, while they regard in the light of useless and dangerous dreamers, all who aim at something beyond the standard they have fixed upon as the essential qualifications of a medical practitioner. They may do all that, but I hesitate not to say, that he who looks to them for aid in furthering the progress of medical science in any of its multifarious departments, will be very much deceived. Even practical medicine, on their skill in which they pride themselves, receives but slender benefits at their hands. Physicians of that class are at a loss whenever they encounter cases such as they had not seen before. Even the less usual modifications of ordinary complaints, are but too often to them a source of embarrassment—not unfrequently a rock on which they founder. Or, if, through means of an unusual degree of native sagacity and medical tact, or a constant habit of the sick room, they succeed, at last, in surmounting some of these difficulties, certain it is, the number of such fortunate physicians is exceedingly limited, and whatsoever be their success, they teach nothing to their own, and particularly to future generations. They never prove benefactors to science. The latter, in their hands, never advances beyond the point at which they found it. Indeed, I am not sure that, if left to their fostering care alone, it would not retrograde. Medicine, with the greater number of such routine and empirical physicians, is not a science. It is not even an art. It is a trade. Content with finding a remedy for the disease for which they are called upon to prescribe, or for some particular phenomenon; employing this remedy because they think it has been useful in some instances of like kind, they ignore principles; or if they raise the pretension of being guided by pathological views, it is ten to one that such views are not founded on sound principles, and are calculated to excite a smile from all well-informed physicians."

"Nothing, it has always appeared to me, is more devoid of force—I had almost said, more senseless—than the opposition that is so often made to what is sneeringly denominated book-learning, and the reason assigned to justify that opposition—*i. e.*, that a physician who spends much time in reading; who is learned in books, and especially who cultivates general literature, cannot, on that account, become an experienced and successful practitioner. Doubtless, as said before, an exclusive devotion to information derived through such means, and a neglect of that furnished by an assiduous attendance at the bedside of the sick, would lead a physician to results of a doubtful character. But, because such a mode of proceeding would never enable him to acquire the clinical experience requisite to render him useful in a practical point of view, it does not follow, as is but too often asserted by some physicians, and is still more generally echoed by the public, that a reading physician cannot become skilful and successful in the practice of his art. So far from this, when restricted within reasonable bounds, and combined, as it should, and may easily be, with clinical knowledge, that much abused book learning generally proves of the most decided advantage to the practical physician, and places him in a much higher position in respect to his usefulness as an attendant at the bedside. The history of our profession furnishes us with numerous cases in illustration of the truth of this statement, for we therein find, that among the greatest practitioners and clinical teachers whose names adorn its pages, a large number were well and even deeply versed in the literature of the science—many in general literature; while not a few of those who from want of time or inclination, had neglected to store their minds with information derived in the way mentioned, would evidently have avoided many errors, and risen higher than they have done in the estimation of their contemporaries and successors, had they followed a different course. A well read physician has more resources at his command when placed at the bedside of the sick. Knowing what has been observed and done by others, as regards the treatment of diseases which fall under his observation, as well in their pure as in their complicated states; aware also of the results of the researches made in various places, and under diversified circumstances, by individuals competent to the task, relative to the nature and seat of those diseases—the symptoms by which they can be detected, the signs by which they may be diagnosed, the treatment and organic changes they occasion, or which reveal their true nature—he is better prepared to combat them with success, whatever be the modifications under which they present themselves, and, instead of groping as it were in the dark, resort to the means found useful in the management of cases similar to those before him, but which he may not have already seen in their present aspect. He is more certain to arrive at a correct diagnosis and prognosis even in cases, or modifications of cases, of unusual occurrence. He is less apt to find himself at a loss in moments of emergency, and more adequate to take an enlarged and correct view of the causation and nature of the diseases under his charge, and to deduce from his observations principles calculated to guide him successfully in the selection of his medical means. To this let me add, that a physician of the class under consideration, is less in danger of merging into the mere empiric, or of lapsing into quackery than the indiscriminate condemner of book learning. The latter contribute little or nothing to the progress of even practical medicine. They live, they die, they are forgotten. At the time of their disappearance from the stage of life, the amount of practical resources at their command is scarcely greater than it was when it commenced, except as is afforded by a certain degree of familiarity with the salient phenomena and the progression of diseases commonly encountered by them during their rounds, and with the effect in the treatment of these, of common remedies. They leave nothing likely to benefit others. They are besides seldom fastidious in regard to professional ethics, and are not in general looked up to as beacons for the guidance of their brethren in their endeavours to elevate the medical profession in the estimation of the public at large."

Dr. La Roche enforces with great truth the necessity of a certain amount of enthusiasm, as a necessary element of success in the physician who would perform well his duties to those placed under his professional care, and contribute effectually towards the advancement of medicine as a science and an art. In the conclusion of his remarks on this subject, he says:—

"I have said enough to indicate my belief that a physician cannot hope, and is not destined to attain, the object in view, still less to acquire an eminent position among his brethren, and contribute to the advancement of any one of the several branches of the science he cultivates, unless he be endowed with the love or enthusiasm of science, and enters into the pursuit of the knowledge necessary to the proper performance of his professional duties with more than a common alacrity. Open the records of the profession, and task your memories respecting the physicians you have heard or read of, or whom you are now personally acquainted with, and you will agree with me in the opinion that all who have contributed to the results mentioned; all who are, or deserve to be numbered among the ornaments of our profession, who have obtained a high position among their compeers on the score of their attainments as physiologists, pathologists, anatomists, chemists, botanists, &c., were, or are endowed with a greater or less share of the enthusiasm in question. Even those who have pursued with success the department of clinical medicine, and who usually are regarded by the public at large, and a certain class of practitioners, as the beau-ideal of physicians, and as belonging to the only useful class of medical men, on the score of being, as it is thought, more practical than theoretical in their tendencies—even they have reached their eminence in the ranks of the profession through the influential agency of enthusiasm. For medical observation is not simply the result of a passive operation of the organs of sense. It requires, in order to lead to useful issues, a force of mind, a quickness of perception, a degree of penetration, and hence efforts of the intellectual functions—a constant and rapid appeal to the faculties of causation and comparison, which cannot be exercised to the required point unless under the stimulus of enthusiastic excitement. Had he not been under the control of the agitating and impulsive feeling in question, Hippocrates would not have been remembered in after times. Nor would Galen, Celsus, Avicenna, nor Boerhaave, Harvey, Stoll, Selle, Cullen, J. Hunter, Broussais, Louis (I mean he of Surgery), nor Bichât, Rush, Tommasini, and a thousand others I could mention. None of these, I repeat, could have attained the eminence they occupy, and stamped their names in imperishable letters on the pages of our professional history, had they not felt the vivifying effects of the sacred fire in question."

The comments of Dr. La Roche on the subject of medical education as it is conducted in this country are sound and pertinent.

The following are a portion of the very just though severe remarks in the address before us, on the subject of American medical literature:—

"It is said that the character of a nation may be ascertained from the nature of its literature. With equal propriety we may affirm that the position, honour, and dignity of a profession may be estimated by the same standard. If submitted to this criterion, we are compelled to admit that the reputation of the medical profession in this country will not stand the ordeal; for we discern nothing in our literature, viewed in its totality, calculated to shed lustre on our calling—much, on the contrary, to affect injuriously its honour, and position, and lessen its dignity. I have said, in its totality, for in several of its departments that literature, though in its infancy, when compared with that of Europe, has attained a degree of eminence of which every American physician may justly be proud. My remarks apply more especially to the periodic medical press, in which, if we except some journals and reviews, that would do honour to the literature of any country, and are fit representatives and supporters of the character and respectability of the profession, are exhibited an absence of solid knowledge, a jejuneness, a lack of useful materials, a prolixity about things perfectly unimportant—which everybody knows, and often for which nobody cares—and very generally a deficiency of refinement, good breeding, and literary culture, little calculated to aid in raising us in the estimation of the scientific world, and in promoting the attainment of the desirable object to which allusion has so often been made. Every place must have its journal—sometimes more than one; every physician thinks himself qualified to edit a journal. It not unfrequently happens that he has never seen or treasured up in his recollection anything worth communicating, and that he has no one around him competent to aid him in the undertaking. As frequently it occurs that he is located in a position where facts of a novel, important, or interesting character are never encountered; or when so, are at best not sufficiently numerous to furnish food for more than a short annual communication. As often his pursuits have not been, and the appliances within his reach are not such as to enable him to carry on pathological, therapeutical, or other investigations in the way best calculated to render them truly useful and acceptable to medical inquirers. It may happen, also, that he, no more than his colleagues, if he has any, is an adept in the art of composition, and that he is deficient as regards the simplest elements of a correct and polished style. It is not unusual, besides, to find that he, for the most part, limits his reading to a few text-books and sundry journals of a merit equal to that of his own bantling, and that in point of tone, taste, and discretion, he can lay but slender claim to the approbation of cultivated minds. But no matter—his place must have a journal, and he must be the editor. He is full of an idea of his importance, and blind to his many disqualifications to perform with proper efficiency the duties he has undertaken. So, his production is launched forth into the literary world to the no small injury of the entire profession, of whose intellectual and scientific position, no less than of its honour and dignity, it is but too apt to be viewed by the medical critics and readers of Europe, as by a large portion of the public here, as a fitting exponent.

"We could, of course, scarcely expect to find, in such journals, judicious, well written monographs on important medical topics, or a detail of interesting cases establishing their true pathological character or therapeutical indications, or other communications, exhibiting a correct knowledge of the subject matter. Equally futile would it be to search therein for fair, elaborate, and learned reviews of recent publications, temperate and courteous in tone, however severe in criticism. But while such things cannot well be looked for in the kind of journals here referred to, we might expect that the better sort of periodical publications, and especially those of a high order, published in cities of some literary pretension, would escape the charge of being, occasionally, at least, receptacles of essays, and especially of reviews, of an indifferent and otherwise objectionable kind. This, however, I regret to say, is not the case, for instances might easily be pointed out in which the pages of those journals have been disfigured with trite, unmeaning, childish, so-called original articles, and with bibliographical notices and reviews, in which American and other works of merit and importance are mentioned in the most flippant and trifling manner, or dismissed with a few words or lines suited rather for a publisher's advertising sheet than the pages of a scientific journal; or, what is worse, in which the authors noticed are treated most unfairly and uncourteously—represented sometimes as saying the reverse of what they have really said—turned into ridicule on points of doctrine or practice on which the reviewer happens, ten to one, wrongfully, to differ with them—taxed roundly and unceremoniously with want of experience or knowledge of the subject under consideration, and not unfrequently charged with falsehood and insolence for uttering sentiments unpalatable to a certain clique or favourite writer, or a popular teacher."

We regret that we cannot, without encroaching upon the space destined for other articles that claim admittance in the present number of the *Journal*, indulge in any extended quotations from that portion of Dr. La Roche's address in which, with merited severity, he scourges the rampant quackery with which, under multifarious forms, every portion of our country is overrun and disgraced. We can venture only a single sentence, the bitter satire of which is but too well merited:—

"Boileau tells us of an individual who '*de mauvais médecin devint pire architect.*' In our beloved country, we often see bad shoemakers, or the like, becoming worse doctors. In the former case, the charge was nothing but an unfounded sarcasm; for the bad physician who, according to the French satirist, became a worse architect, was no less a personage than Perrault, and he, whatever may have been his medical deficiencies, will certainly be admitted to have exhibited no slender claim to respect in his new avocation, seeing that he embellished Paris with the magnificent *façade* of the Louvre. But had the charge of degeneration been well founded, there would have been this difference between his case and what happens among us: that the bad architect would have obtained no employment in his new line of business—certainly would not have worked on the Louvre; whereas, our bad shoemakers, who become worse doctors, command the confidence of the public, and generally reap a rich harvest."

The first of the reports is one on vaccination and vaccine virus, by Dr. Henry Carpenter, of Lancaster. There are many questions connected with the subject of vaccination of deep interest to the physician, and in the correct settlement of which the safety of the community at large, from the introduction of smallpox in its midst, and its more or less extended spread, is intimately involved. These questions are rather indicated than discussed in the report before us.

To render vaccination a certain prophylactic to the variolous contagion, it is necessary not merely that each individual in the community should, at as early a period as practicable after birth, be subjected to its influence, but, also, that the utmost care be taken, in each case, to place the system fully, effectually, and permanently, under its protective influence. Now, to effect this, it is essential that none but genuine, efficient matter should ever be employed in vaccinating; that the insertion of the matter be carefully and properly performed; and that the progress of the arm from the period when the matter is introduced into it to the full development of a genuine vesicle, its maturation and desiccation, be attentively watched by one competent to decide as to the genuineness and completeness of the infection. Many circumstances may occur, even after a true vaccine vesicle has been developed, to prevent that complete infection of the system being secured, from which alone entire protection can be anticipated. The evil resulting from an imperfect or spurious vaccination, does not stop with the endangering of the life of the patient in whose case it happens, but it endangers, through the susceptibility of such patient to subsequent variolous infection, the introduction of smallpox into a community, and the lives of all such of its members as are still unprotected. It furthermore impairs the confidence of the community in the value of vaccination, which of itself is an evil of no slight magnitude.

Now, to insure the success of vaccination as a complete and permanent protective against smallpox, it is essential that in every case pure, efficient, and genuine vaccine virus be employed. That there is in common use vaccine matter which has become to a certain extent deteriorated or effete, and which, in consequence, affords, when introduced into the system, only a partial or temporary protection, is undeniable. The fact is admitted by physicians of experience and close observation, in every section of our country, and the consequent necessity for the adoption of the proper means for securing a renewed supply, at proper intervals, of genuine, effective matter has recently been largely discussed. To secure such supply, we know of no other certain plan than a resort to the original source of the vaccine virus—the cow. We are convinced, from the successful efforts we have ourselves made, that by the agency of such of our county medical societies, as are located in the immediate neighbourhood of extensive grazing and dairy districts, pure vaccine matter direct from the cow, could be collected with but little trouble or expense, in quantities fully adequate to the supply of all the physicians of the State, and that a plan could be devised for the proper and regular distribution of the matter thus obtained, at once simple and efficient. Upon the societies referred to we would urge a consideration of this subject; we trust that they may be induced to take it in hand without delay. By carrying it into effect they would secure the thanks of the profession throughout the State, while for whatever trouble and expense they may incur in its effectual prosecution they may be adequately remunerated by a trifling charge on the different portions of matter distributed by them.

We do not pretend to assert that vaccine matter degenerates in activity and efficiency in proportion to the number of human bodies through which it is made to pass. We have repeatedly seen the most prompt and genuine infection produced by matter that had been propagated through the human subject for a long series of years. But this we do assert, that the longer vaccine matter is thus propagated the greater is the chance, from a great variety of causes, some unavoidable, and others the result of carelessness and ignorance—of its becoming deteriorated and inefficient, and that the only certain means of keeping up a supply of genuine, effective vaccine matter, is by renewing it occasionally at its original source.

It may not be improper to remark, that even universal and apparently efficient vaccination, performed with unquestionably pure, genuine, and active matter, will fail in securing the community against the occurrence of smallpox, in a modified form at least, unless each individual vaccinated be subjected to the test of revaccination. It is a fact, now well attested by the most extensive and repeated series of observations, that there exists a wide difference in the constitutional susceptibility, not merely to the infection of the vaccine virus, but also to that peculiar constitutional influence or change by which its influence is rendered permanent. In many subjects the effects of the vaccine impression would appear to be entirely local, while in others, notwithstanding the impression evidently extends to the system at large, this general impression is either not sufficiently intense to give complete protection, or it is, after a shorter or longer period, entirely dissipated, and thus leaves the system fully susceptible to the contagion of smallpox, when exposed to its influence. The importance, or rather the absolute necessity of revaccination as a test of the completeness and permanency of the first infection is therefore apparent. How soon after the first vaccination, the second operation should be performed, or how often it is necessary to resort to revaccination, are questions we do not propose to discuss here. Until a system of registration in respect to vaccinations, accessible to the medical profession at large, shall be agreed upon, and carried into full effect, by which we shall be enabled to judge of the validity of the operation in each case, our course would be to revaccinate, without distinction, all who are exposed to variolous contagion, either from the occurrence of smallpox in their immediate neighbourhood, or as an epidemic in the community amid which they reside.

The *Transactions* of the Pennsylvania State Society comprise reports from nine counties. These reports vary greatly in extent and interest. There is none of them, we regret to say, that can claim any very high character for the ability with which it is drawn up or the value of the information it communicates. So far as we are able to form from these reports any judgment of the general health of the State during the year 1856, this would appear, upon the whole, to have been particularly favourable. There was a general absence of severe, malignant, or wide-spread epidemics, and even the usual endemic diseases of the several sections of the State included in the reports presented were of much less frequent occurrence and far milder in character than ordinary.

The report from Chester County is preceded by a very valuable account of the geology, the medical topography, and the meteorology of the county; the one from Washington County presents a similar account, of great interest, but less full and precise.

To several of these reports are appended biographical notices of members deceased during the year, a practice that we should like to see more uniformly followed.

In the report from Beaver County we find the following remarks in reference to the occurrence of an epidemic of dysentery:—

"In 1834, a year remarkable for a very extraordinary severe frost, which fell so late in the season that all the fruit of every kind was killed, not even any of the wild fruits escaping—in many places, on the low grounds, the forest timber was much injured by the frost—dysentery prevailed in the months of July, August, and September, in a manner unknown either before or since, both as regards its malignancy and the extent of country over which it spread. It was much worse, however, on the south side of the Ohio River. A creek of considerable size (Raccoon) passes through the entire county on the south side, emptying into the river about three miles below Beaver. Along this stream, in the bottom and on the immediate hill-sides, there was not a family that escaped this disease. It frequently ran through all the family.

"In relation to this epidemic, the most interesting inquiry is its cause. What was the cause? The section of the country where it prevailed in its most malignant form remains unchanged, wearing the same general appearance it did twenty-three years ago. There have been no improvements that could possibly affect the health, no ground of any consequence cleared. Notwithstanding that nearly twenty-three years have rolled round, with all the diversity of seasons occurring in that long period, yet that district has been entirely exempt from dysentery; scarcely in all this time has an isolated case occurred. The immoderate use of unripe fruit is very frequently assigned as the cause of this disease. As there was no fruit of any kind in 1834, it could not, of course, be attributed to it. Is it not probable that this total want of fruit was one cause of the disease, its place being supplied by the crude, immature products of the garden and field? It is not at all probable that fruit, used even in excess, is the cause of dysentery." "The universal fondness that all children have for fruit would seem to indicate that it is necessary for their health. Our natural healthy *instincts* are never wrong."

In the report from Perry County, Dr. Lefever states that he was informed by a gentleman of his acquaintance, but not of the medical profession, "that he had been in different parts of our country where dysentery prevailed as an epidemic, and during some seasons many of the cases terminated fatally; and in every instance he had observed that fruits were very scarce in the particular section of country in which the dysentery prevailed. From this fact he was led to believe that, instead of being the *cause* of dysenteric affections, an abundance of fruit was a *preventive* of such diseases. From my own observations, I am not able to express an opinion as to the probable truth of the position mentioned; but I am inclined to believe that even the free use of good, ripe fruits will rarely prove injurious, and might oftentimes be permitted to those who are unwell, where physicians are in the habit of forbidding it, because such has been the custom. Where patients desire it, I have frequently allowed ripe fruits in moderation in cases of disease, and very seldom, indeed, have I had any reason whatever to believe that the slightest injury resulted from the license given; but, on the other hand, I believe I have frequently seen good results follow."

Returning to the report from Beaver County, we are informed that "epidemic cerebro-spinal meningitis prevailed there in the spring of 1848, in a very malignant form. The attacks were mostly sudden. The patient would be seized with violent pain in the head, most severe in the occiput, but frequently being felt in the temples and over one or both eyes; the pupils of the eyes were mostly contracted, but sometimes dilated; great intolerance of light; the brows knit; throbbing of the carotids; severe pain in the back of the neck and along the spine; in many cases violent opisthotonos; during the paroxysm the body would be raised entirely from the bed, the head and heels alone touching; delirium and coma in the advanced stages; obstinate constipation of the bowels, it being with great difficulty that evacuations could be produced; the functions of the kidneys were partially or totally suspended. Many cases proved fatal very speedily, whilst others would linger until the patient would become extremely emaciated; in the latter cases there would frequently be a total loss of sight and most of the other senses. We are not aware that any *post-mortem* examinations were made, the people in the country being greatly opposed to anything of the kind."

In the report from Blair County it is remarked that "intermittent fever and ague were hardly known along the Juniata this year. During the preceding year (1855) seven-tenths of the residents of the river valley had intermitting fever or ague, or both; while, at the same time, in Franktown Township, it extended up the small tributaries of that river for several miles, into localities where it had never before penetrated, spreading dismay among those unacquainted with it. That whole summer the channels of the river and its tributaries were kept well filled by frequent rains. On the contrary, the summer of 1856 was very dry, the streams very much dried out; so that a large surface of their channels, with whatever of vegetable or animal matter they contained, was exposed to decomposition. Why in 1855, when all the conditions were those considered unfavourable for the extrication of malaria, intermittents should be so extremely rife, while in 1856, when the conditions seemed altogether favourable to the production of malaria, those diseases should scarcely exist, is a question somewhat knotty of solution."

Dr. George W. Brown, in the section of the report from Schuylkill County devoted to the consideration of the diseases of women and children, tells us that when he left college he was fully satisfied, from having listened to Professor Meigs's very emphatic assertions in regard to the treatment of puerperal fever, that he ought to bleed every lying-in patient that was seized with a shivering fit, followed by pain in the belly, and fever, without regard to her constitution, and he did so till he nearly lost several of his patients by syncope, and produced long and tedious convalescence in others, when he began to doubt its indiscriminate applicability; since then he has come gradually to use his own judgment, and has bled only such cases as were strong and vigorous, and when the symptoms were clearly of an inflammatory character, and trusted the others to the internal use of calomel, opium, pulvis antimonialis, and oil of turpentine, and he thinks he has abundant reason to be satisfied. After an experience of thirteen years, and an attendance upon nearly two thousand cases of midwifery, in a pure, invigorating atmosphere, among a class of patients who, as a general rule, are well fed, and from a pretty ample attendance upon cases of childbed fever, he is satisfied that it, like all other diseases, is of two kinds, viz., inflammatory and typhoid, and that these require essentially a different treatment. He is also perfectly satisfied that the disease is at times contagious, and that the physician is oftentimes the unsuspecting medium by which it is conveyed from patient to patient. He is fully satisfied that he has several times introduced it into his practice by attendance upon bad cases of erysipelas, and thinks he has often got rid of it by carrying in his pocket a bottle of Labarraque's solution of the chloride of soda, and washing his hands with it each time before and after an examination of his patients.

In the report from Montgomery County, Dr. Corson complains of the paucity of details presented in the several county reports in reference to the treatment of the diseases ordinarily met with, whether in its results it was found successful or otherwise. To a certain extent we admit that the complaint is well founded.

With a view to obtain information on this point, a series of questions were propounded to the different members of the Montgomery County Society, which, with the answers received, are given in the report before us. Now, in reference to information obtained by replies to such general questions as—Do you bleed in fevers and inflammations? What is your treatment in this or that disease? Do you prescribe mercurials in any disease? Do you employ alcoholic stimulants in typhoid fever or other affections? and the like, one or two important cautions must be observed. Before any safe conclusions can be derived from the answers given, it is essential that these should not be simply in the affirmative or negative, even if they at the same time present the result of treatment, whether favourable or unfavourable; the answers must, in order to be of any value, include also an account of the particular character of the disease in each case prescribed for; the age, sex, constitution, occupation, and personal habits of the patient; the character of the location in which he resides, and the construction, position, and domestic condition of the house he occupies; and, even further still, the morbific constitution of the season during which each case occurred.

The prevailing error in reference to special therapeutics is the supposition that there is an invariable treatment, a particular class and succession of remedies, adapted to each disease; that the name of a disease being determined, the nature of the exact means adapted for its cure follows as a matter of course. The fact that a certain physician, in a certain place, cured nine-tenths of the patients affected with any given malady with the use or without the use of depletion, mercury, or stimulants, is no safe basis upon which to determine the propriety and success of a similar course of treatment in the same disease in a subsequent year or at a different locality, or in a different class of patients.

The precise therapeutic effects of all our remedial agents being well established by cautious and repeated observations, they are to be applied to the control of disease according to the special indications presented by each individual case. It is in this application—it is in the judicious use of the remedies at his command best adapted to the control of each case of disease that presents itself, in connection with his facility in arriving at a prompt and accurate diagnosis, that the true skill of the practitioner is exhibited. The physician who tells us that he treats this or that disease by such and such remedies is at best a mere routinist, and his experience is valueless as a guide to direct others to the successful treatment of the same malady as it presents itself in a different class of patients, at a different season, or in a different section of country.

D. F. C.

ART. XVIII.—*Catalogue Raisonné of the Medical Library of the Pennsylvania Hospital.* By EMIL FISCHER, M. D. Printed by order of the Board of Managers. 8vo. pp. 750. Philadelphia, 1857.

IN the year 1762, the celebrated Dr. John Fothergill presented to the Pennsylvania Hospital *Lewis's Experimental History of the Materia Medica,* "for the benefit," as the record says, "of the young students in physic who may attend under the directions of the physicians." Upon this hint, the managers acted, for we find them in the following year originating the library, the catalogue of which is now before us.

Even at this early period, the hospital, under the teaching of such men as the two Bonds (Thomas and Phineas), Thomas Cadwalader, and Cadwalader Evans, had become famous for its clinical instruction, and the wards of the house were so largely attended that the managers thought it necessary to demand an admission fee.

According to the then custom of British hospitals, all funds thus accruing belonged exclusively to the attending physicians and surgeons; these gentlemen, however, with a noble generosity, yielded all claim to the money, and proposed to apply it "to the foundation of a medical library for the advantage of the pupils of the Institution." Truly, we should remember these men of old with grateful remembrance. They were men not of the common stamp, endowed with all the medical learning of their time, and with a Christian philanthropy never surpassed, they stand out in bold relief as models for imitation. To them and to their immediate successors, Philadelphia owes the high position to which she has attained in the medical history of our country. They made her, as has been happily said, "the very atmosphere of medicine."